



Authorization Agreement for Preauthorized Payments (ACH DEBITS)

I (we) hereby authorize Brazos Christian School, hereinafter called COMPANY, to initiate debit entries to my (our) **Checking** **Savings** account (*check one*) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY/BANK NAME: _____

CITY/STATE/ZIP: _____ / _____ / _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

NAME ON ACCOUNT: _____

AMOUNT TO DRAFT: _____

DAY OF THE MONTH TO DRAFT ACCT: _____

This authority is to remain in full force and effect until COMPANY has received notification from me (or either of us) of its termination in such a time and in such a manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act upon it.

NAME(S):

DATE:

SIGNATURE:

NOTES: A processing fee of \$0.35 will be accessed when an ACH is processed.

Please send completed form to Clay Jackson, Director of Development, clay.jackson@bcseagles.org.